

Name  
in  
Full

*Ball*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>McDonna</i> Town			County <i>Chal.</i>			MARYLAND	
Date of death 190 <i>3</i>	Month <i>3</i>	Day <i>17</i>	Age	Years	Months <i>still</i>	Days <i>Born</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Chal. Md</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>John Ball</i>				Father's Birthplace <i>West Maryland</i>			
Mother's Maiden Name <i>Louisa Mathews</i>				Mother's Birthplace <i>Chal. Md</i>			
Name of person giving information <i>John Ball</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>None</i>
	Address
Accident or Suicide?	

Alphabet by

Myra Louise

Name  
in  
Full

Agnes Purchell

## CERTIFICATE OF DEATH

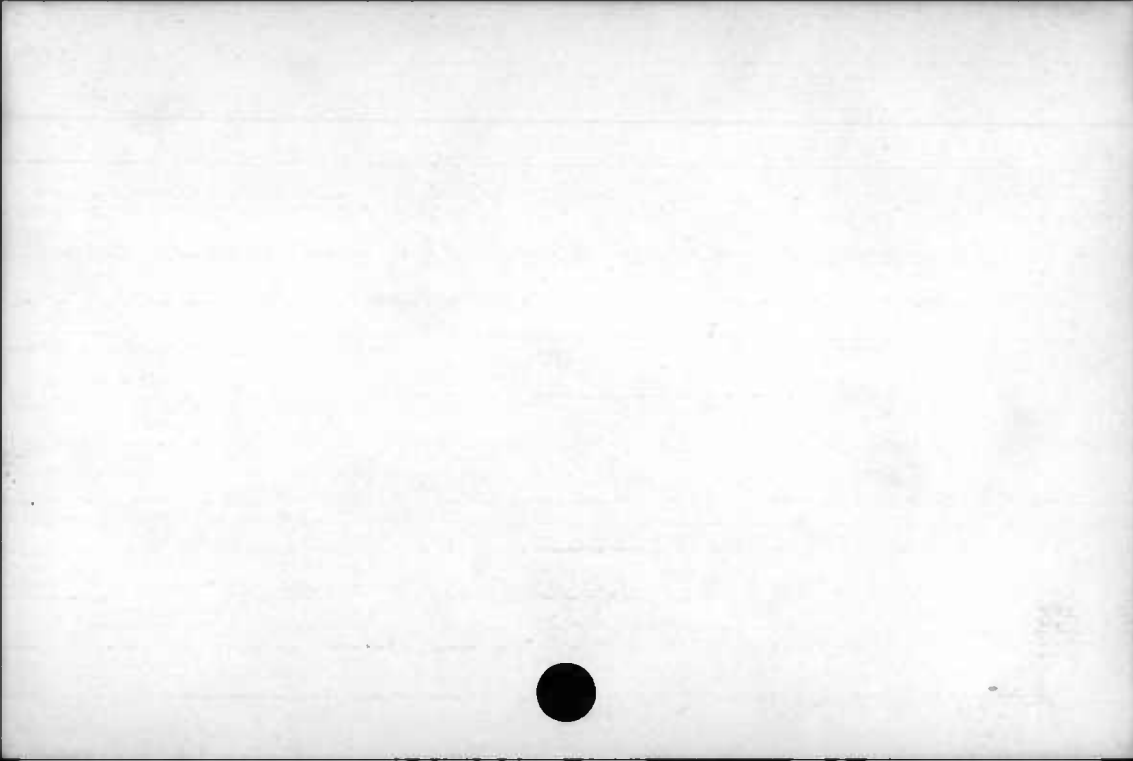
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Newport		County Charles		MARYLAND	
Date of death 1903	Month Mar	Day 22	Age 8	Years		Months	Days
Sex Female		Color or Race Colored		Birth- place Charles			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Frank Purchell				Father's Birthplace Not Known			
Mother's Maiden Name Clody Middleton				Mother's Birthplace Charles			
Name of person giving Information Lewis Day				How related to deceased Brother-in-law			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Consumption		How long 17 months	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician [Signature]	
		Address [Redacted]	
Accident or Suicide?			



Louis M C Butler  
 Town *new Pisgah* County *Charles*

Died at *new Pisgah* MARYLAND

Date 1903 *March 30* Month *March* Day *30* Age *12* Y. *-* M. *-* D. *-* Native of *Md.* Occupation *none*  
 Male ~~White~~ Married ~~Widow~~ Divorced *none*  
~~Female~~ Colored Single ~~Widower~~ Number of children living *none*

Husband of

Wife

Father's Name *Isaac Butler* Mother's Maiden Name *Mary Turner*

Cause of Death { Primary *Pneumonia* Immediate *congestion of Lungs* How long sick *Three days*  
~~Accident, Suicide, Homicide~~

Reported by *Jahz Turner*

Address *Rev. C. S. Smith*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Rebecca E. Claggett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>San Mitchell Hotel</u>		Town <u>Chatham</u>		County <u>Chatham</u>		MARYLAND	
Date of death 190 <u>8</u>	Month <u>March</u>	Day <u>7</u>	Age <u>65</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Ind -</u>			
Married, Single or Widowed <u>Married</u>		Occupation <u>House wife</u>					
Name of Wife or Husband <u>Thomas Claggett</u>							
Father's Name <u>John Brown</u>				Father's Birthplace <u>Ind -</u>			
Mother's Maiden Name <u>Ann Claggett</u>				Mother's Birthplace <u>Ind -</u>			
Name of person giving information <u>Carrie Hodges</u>				How related to deceased <u>Sister</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Catarhal Pneumonia</u>	How long <u>week</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. W. Mitchell</u>
<u>Yes</u>	Address <u>Peru, Ind.</u>
Accident or Suicide? <u>No</u>	



114



Name in Full

Certificate of Death

*Ella Coombs*  
 Town \_\_\_\_\_ County \_\_\_\_\_  
 Died *Mar La Plata* *Charles* MARYLAND

Date 1903 *March 17<sup>th</sup>* Month Day Y. M. D. Age *25 yrs* Native of *Charles Co* Occupation *none*  
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single ~~Widower~~ Number of children living \_\_\_\_\_

Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_

Father's Name *John Coombs* Mother's Maiden Name *Martha Stone*

Cause of Death { Primary *Consumption* Immediate \_\_\_\_\_ How long sick *4 yrs*  
~~Accident, Suicide, Homicide~~

Reported by *C E Wade*  
 Address *La Plata* *undertaker*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

*Lena Curtis*

CERTIFICATE OF DEATH

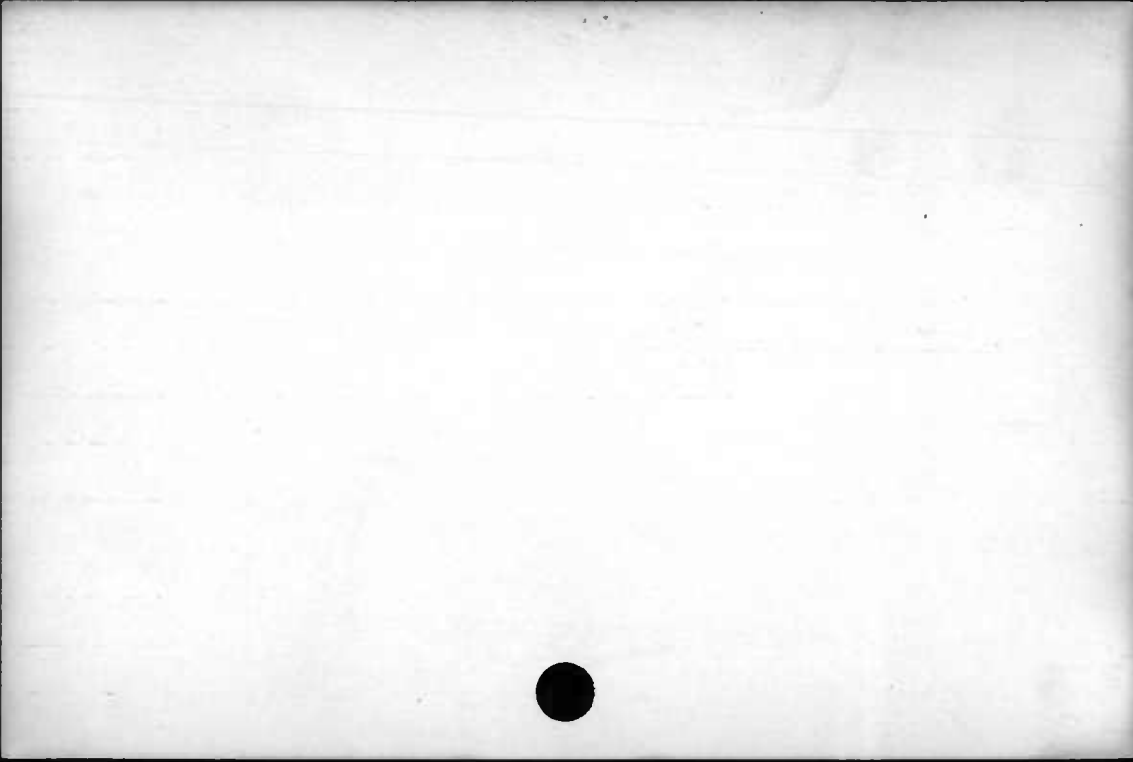
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Huntsville</i> <sup>Town</sup>		<i>Charles</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Mar</i>	Day <i>22</i>	Age	Years	Months <i>18</i> Days
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace <i>6</i>		
Mother's Maiden Name <i>Betty Curtis</i>			Mother's Birthplace		
Name of person giving Information <i>Betty Curtis</i>			How related to deceased <i>Widow</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mus tes</i>	How long <i>3 days</i>
Immediate <i>Broncho Pneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. C. Chappell</i>
	Address <i>Longhills Sills</i>
Accident or Suicide?	<i>Ind</i>



Name in Full

Certificate of Death

Lucinda Ford

Died at Newport Town Charles County MARYLAND

Date 1903 March 15 Month Day Y. M. D. Native of Md Occupation —

Male White Married Widow Divorced  
Female Colored Single Widower Number of children living 3

— Band of —

Wife

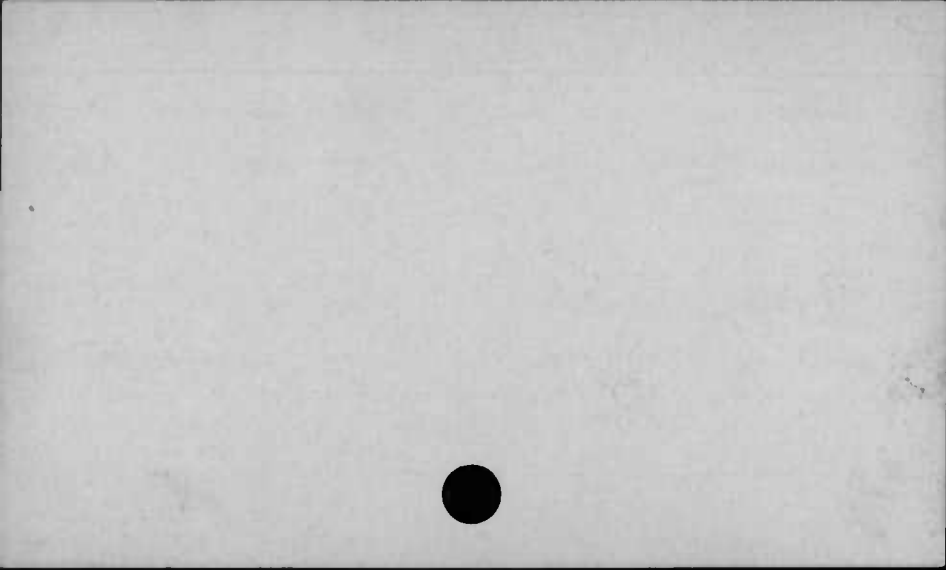
Father's Name Gilrs Ford Mother's Maiden Name Not Known

Cause of Death { Primary Senile Decay & Asthma How long sick 3 years.  
 Immediate Heart Trouble Accident, Suicide, Homicide

Reported by C. Cecil, MD

Address Newport Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Julia Fowler

County

Charles

MARYLAND

Died at

Tobacco Neck

Month Day

Y. M. D.

Native of

Occupation

Date 1903

March 21

Age 19

Maryland

cook

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband  
of  
WifeFather's  
Name

Mother's

Maiden Name

George Fowler

Julia Fowler

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

179

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70893





Name in Full *Mary Cornelia Freeman*  
 Town *Piney* County *Witcomb* MARYLAND  
 Died at *Piney* Month *March* Day *30* Y. *1* M. *-* D. *-* Native of *ind* Occupation *None*  
 Date 19*03* *March* *30* Age *1* - *ind*  
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~  
*Female* *Colored* ~~Single~~ ~~Widower~~ ~~Number of children living~~  
 Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name *Saml. Freeman* Mother's Maiden Name *Mary McLean Newhall*  
 Cause of Death { Primary *capillary Bronchitis* How long sick *5 day*  
 { Immediate \_\_\_\_\_ ~~Accident, Suicide, Homicide~~  
 Reported by *J. W. Mitchell M.D.* *92*  
 Address *Piney ind -*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at *Near Cross Roads* *Charles*

Month

Day

Y.

M.

D.

Native of

Occupation

Data 19 *03**March 9*Age *100**md*~~Male~~~~White~~~~Married~~

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living

*one*

Husband of

Wife

Father's

Name

*Charles Jurdon*

Mother's

*Dont-know*

Maiden Name

*Dont-know*

Cause of

Primary

*old age*

How long sick

*one year*

Death

Immediate

*154*

Accident, Suicide, Homicide

Reported by

Address

*James R Brown**Cross Roads**Charles co md*

Must be signed by physician, if any in attendance, otharwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

*Hannah Jumper*  
 Town County  
 Died at *Near Ironides* *Charles* MARYLAND  
 Date 19 *03* Month *Mar* Day *10* Age *20* Native of *MD* Occupation *Housewife*  
 Male ~~White~~ Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of *Brent Jumper*  
 Wife  
 Father's Name *Wm Prior* Mother's Maiden Name *Emily Montgomery*  
 Cause of Death { Primary *Consumption* How long sick *2 years*  
 Immediate Accident, Suicide, Homicide

Reported by *Ernest Martin*  
 Address *Ironides Charles ed MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Catherine Mcleary				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Clifton Beach</i> <sup>Town</sup>		<i>Charles</i> <sup>County</sup>		MARYLAND		
	Date of death 190 <i>3</i> <sup>Month</sup> <i>Feb</i> <sup>Day</sup> <i>27</i>		Age <i>2</i> <sup>Years</sup>		Months <i>2</i>		Days <i>—</i>
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>VA</i>		
	Married, Single or Widowed <i>—</i>		Occupation <i>—</i>				
	Name of Wife or Husband <i>—</i>						
	Father's Name <i>Mcleary</i>				Father's Birthplace <i>—</i>		
	Mother's Maiden Name <i>Ada Jenkins</i>				Mother's Birthplace <i>Winfolk Va</i>		
Name of person giving information <i>Andrew Scott</i>				How related to deceased <i>—</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORNER	Primary <i>Measles</i>				How long <i>Two weeks</i>		
	Immediate <i>Pneumonia following measles</i>				How long <i>One week</i>		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>S. H. Spence M.D.</i>		
	<i>This child was brought down from Albemarle Va. with measles about one week ago</i> Accident or Suicide?				Address <i>Grayton</i>		





Chas. F. Heale

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

3-2

Age 31-

Md.

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pneumonia

How long sick

8 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

93

L. L. Higdon.

Address

Nayside

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Alice Nelson

CERTIFICATE OF DEATH

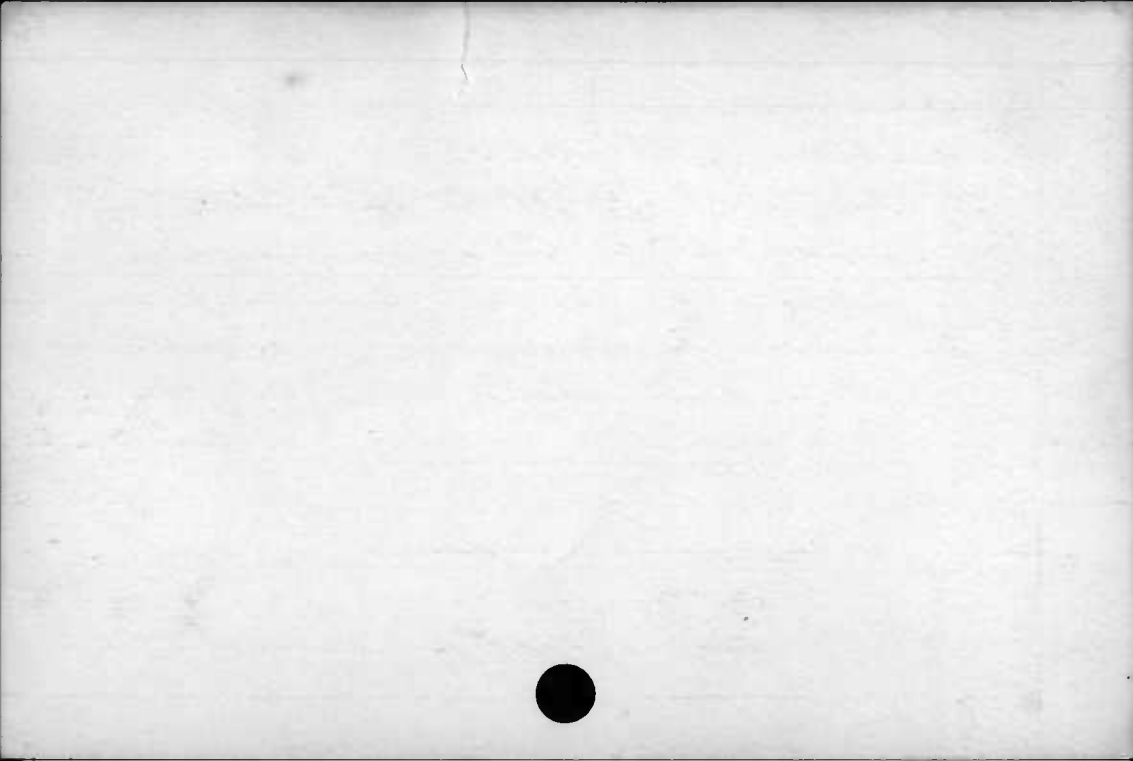
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ward</i> Town		<i>Charles</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>4</i>	Age <i>23</i>	Months <i>—</i>	Days <i>8</i>
Sex <i>Female</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Ind</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Cook</i>			
Name of Wife or Husband					
Father's Name <i>Henry Nelson</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Julia Brown</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Henry Nelson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Inf</i>	How long <i>10</i>
Immediate <i>Consumption</i>	How long <i>One Year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. A. Moore</i>
	Address <i>Ward Ind</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Charles Shapard

Died at <sup>Town</sup> Walcott <sup>County</sup> Charles MARYLAND

Date 1903 <sup>Month</sup> March <sup>Day</sup> 9 <sup>Age</sup> 57- <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Russia <sup>Occupation</sup> Farmer

Male White Married ~~Widow~~ ~~Divorced~~ ~~Single~~ Widower Number of children living 2

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of Primary

Lung

10

How long sick

10 days

Death Immediate

Pneumonia

Accident, Suicide, Homicide

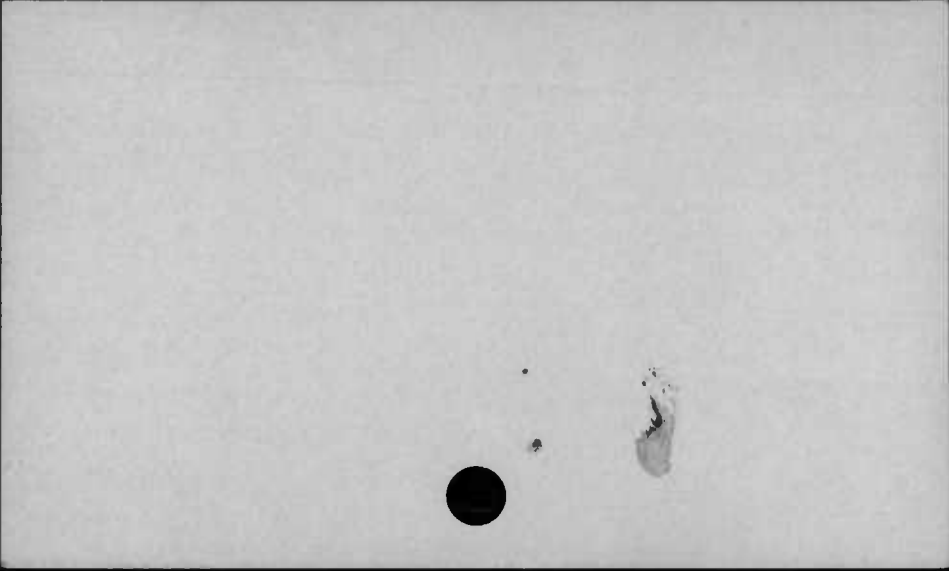
Reported by

G. O. Turner

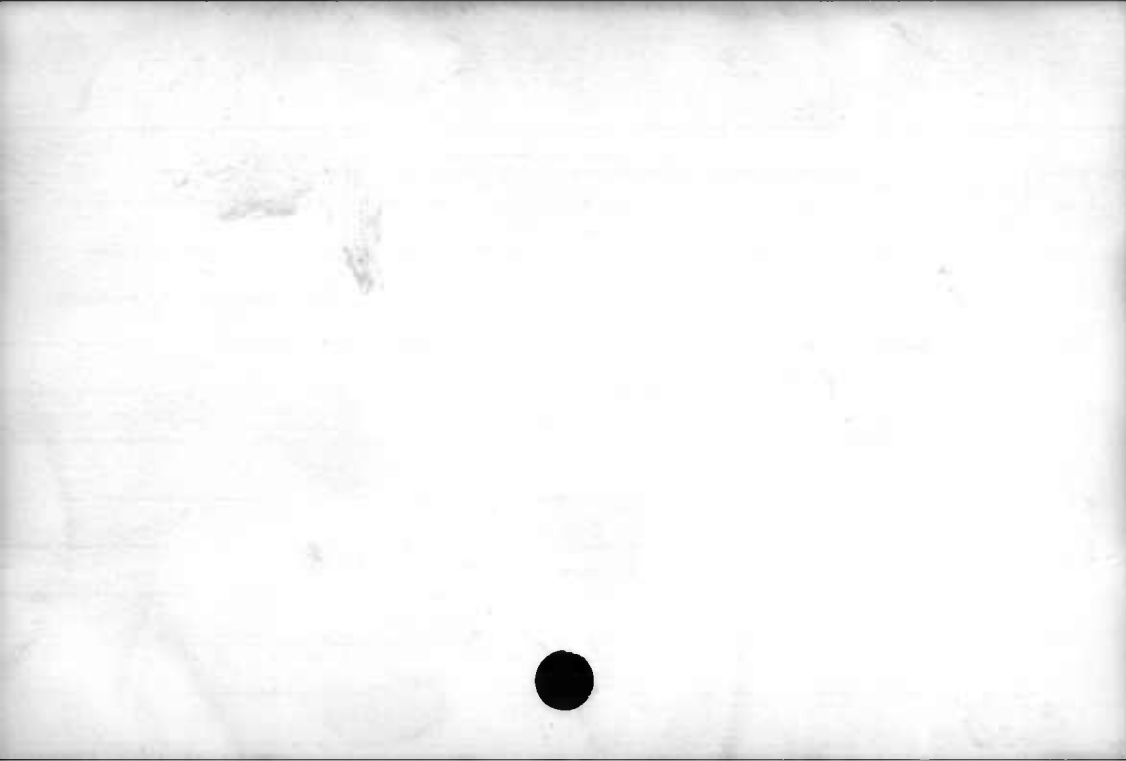
Address

Walcott Neb

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Pisgah</i> <small>Town</small>		<i>Charles</i> <small>County</small>	
		Date of death 190 <i>3</i> <small>Month</small> <i>3</i> <small>Day</small> <i>20</i>		Age <i>about 63</i> <small>Years</small>	
		Sex <i>male</i>		Color or Race <i>African</i>	
		Birth-place <i>Maryland</i>		Occupation <i>None</i>	
		<input checked="" type="checkbox"/> Married, Single <input type="checkbox"/> <del>or Widowed</del>			
		Name of Wife or Husband			
		Father's Name <i>Henson Small</i>		Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Andrew Smeylen</i>		How related to deceased <i>2<sup>nd</sup> Cousin</i>			
<div style="text-align: center;">CAUSES OF DEATH</div>					
PHYSICIAN OR CORONER		Primary <i>Chronic Cardiac Disease</i>		How long <i>about 3 Years</i>	
		Immediate <i>Acute Cardiac Failure</i>		How long <i>about 2 weeks</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. L. Hammon M.D.</i>	
				Address <i>Mason Springs Ind.</i>	
		Accident or Suicide?			





Name In Full

Certificate of Death

HARRY A. STUART

Town

County

Died at

Waldorf, Charles

MARYLAND

Date 19

03 Oct 29

Age

Y. M. D.

80 - -

Native of

Ind

Occupation

-

~~Male~~~~White~~

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

6

~~Husband~~ of

Thoma Stuart -

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Not aq

154

How long sick

~~Accident, Suicide, Homicide~~

Reported by

G. O. McNamee

Address

Waldorf

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Lavinia Thomas

Town

County

Died at

Newbury

Charles

MARYLAND

Date 1963

Month

Day

Y.

M.

D.

Native of

Occupation

Jul

13

Age

14

6

2

Maryland

Cook

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

James Thomas

Mother's

Maiden Name

Lavinia Thomas

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

179

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79833



Name  
in  
Full

No name Died 45 minutes after Birth

CERTIFICATE OF DEATH

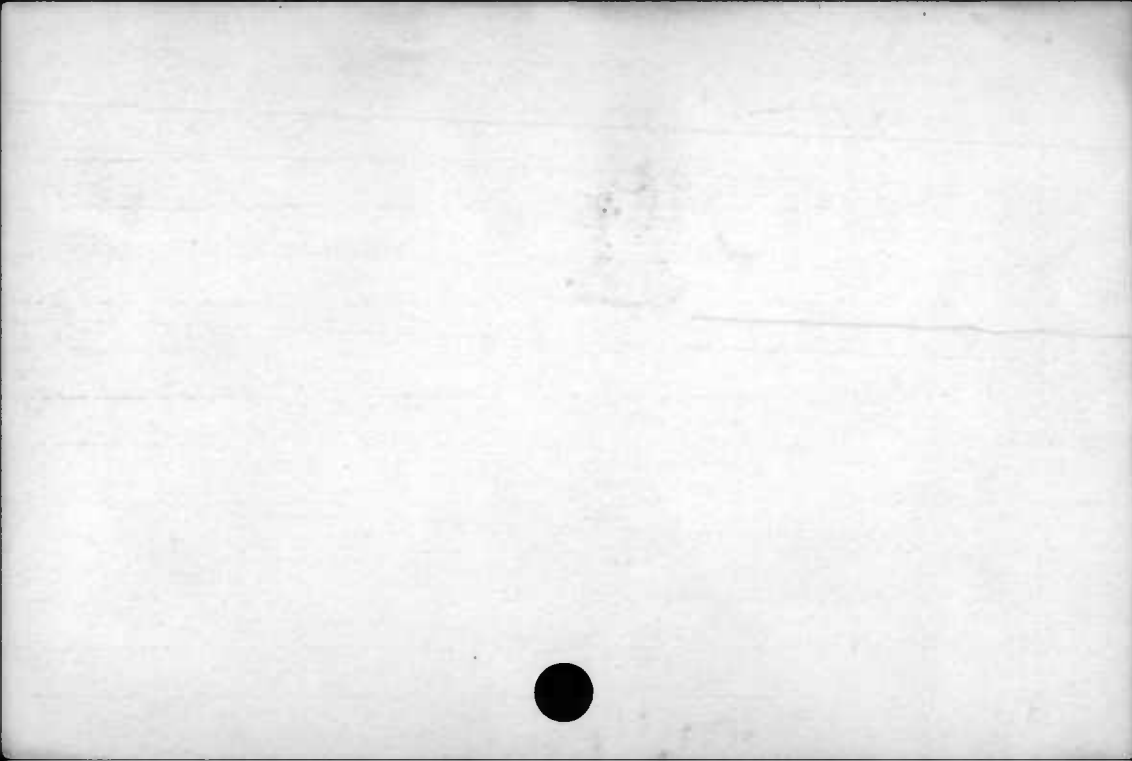
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <u>Pyserville</u>		County <u>Cherokee</u>		MARYLAND	
Date of death 1903		Month <u>March</u>	Day <u>27<sup>th</sup></u>	Age <u>45</u> <del>years</del> <u>minutes</u>		Months	Days
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Pyserville</u>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband <u>Dr</u>							
Father's Name <u>William H. Thomas</u>				Father's Birthplace <u>Pyserville</u>			
Mother's Maiden Name <u>Margaret Garren</u>				Mother's Birthplace <u>Pyserville</u>			
Name of person giving information <u>William H. Thomas</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>St. Peter's</u>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Charlotte Thomas</u>	
		Address <u>Pyserville</u>	
Accident or Suicide?			



Name  
in  
Full

Sarah C. Tubman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pennocky</i>		Town <i>Charles</i>		County		MARYLAND	
Date of death 1903	Month <i>March</i>	Day <i>26</i>	Age <i>72</i>	Years	Months	Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>D. C.</i>			
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Benn. D. Tubman</i>							
Father's Name <i>Gen. W. Tubman</i>				Father's Birthplace <i>D. C.</i>			
Mother's Maiden Name <i>Mary C. McDaniel</i>				Mother's Birthplace <i>D. C.</i>			
Name of person giving information <i>Benn. Tubman</i>				How related to deceased <i>Son -</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cirrhosis of Liver</i>	How long
Immediate <i>Peritonitis</i>	How long <i>Three Days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>Yes -</i>	Address <i>J. W. Mitchum Pennocky Md.</i>
Accident or Suicide?	





Mary Frances Wade

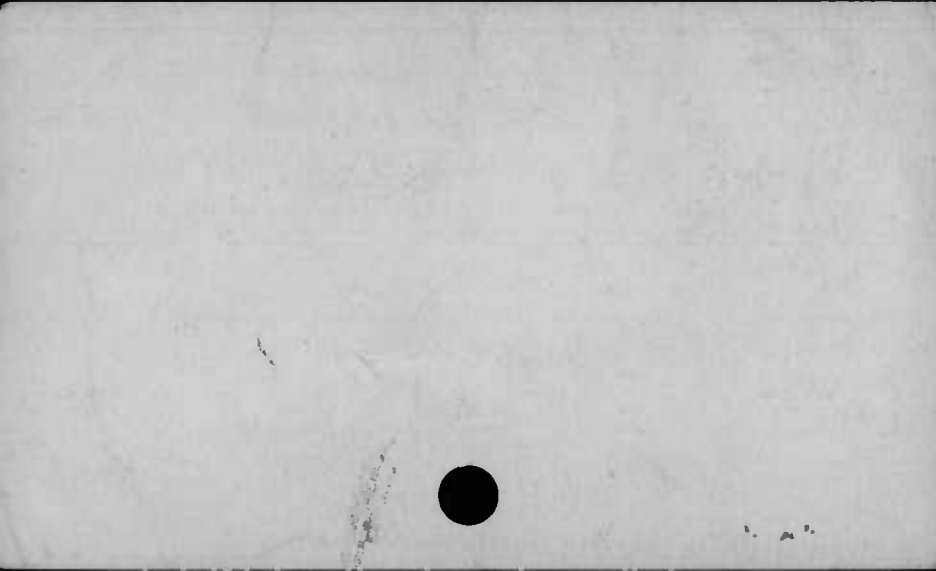
Died at Port Tobacco, Charles MARYLAND  
 Town County  
 Date 1903 Mar. 2<sup>nd</sup> 55-6-8 Md. Merchant  
 Year Month Day Y. M. D. Native of Occupation  
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living four.

Husband of George A. Wade  
 Wife  
 Father's Name Joseph B. Harris Mother's Name Ellen B. Suit

Cause of Death { Primary { La Grippe 10 How long sick 2 weeks  
 { Immediate { Valvular disease of heart ~~Accident, Suicide, Homicide~~

Reported by Thos. S. Oliver, M.D.  
 Address La Plata Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*J. E. F. Wadding*  
 Town *Walders* County *Charles* MARYLAND

Died at *Walders* *Charles*

Date 19 *03* Month *March* Day *11* Age *60* Native of *Md* Occupation *Farmer*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Widower ☐ Number of children living *3*

Husband of *Catherine Lunn*

Father's Name *Judson Wadding* Mother's Maiden Name *Jamie Lunn*

Cause of Death { Primary *Consumption* Immediate *Consumption* How long sick *12 months*  
~~Accident, Suicide, Homicide~~

Reported by *G. O. Morrow* *27*

Address *Walders, Md.*

Must be signed by physician, if any in attendance, otharwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Ira Ward Wilson

Town

County

MARYLAND

Died at

Perry

Charles

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Mar 17

Age

8

None

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

Charles Wilson

Mother's

Maiden Name

Blanch Ward

Cause of

Primary

104

How long sick

1 day

Death

Immediate

Acute Gastric Indigestion

Accident, Suicide, Homicide

Reported by

G. O. Snodgrass

Address

Ward

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Ignatious Young

Charles

MARYLAND

Died at Bel allon

Date

of death 1903

Month

March

Day

28

Age

Years

Months

Days

6

Sex

Male

Color or  
Race

Colored

Birth-  
place

Bel allon

Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name

Henry Young

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Nancy Robbins

Mother's  
Birthplace

"

Name of person giving  
in formation

Henry Young

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Convulsions

How long

6 days

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Peter H. Roby, M.D.

Address

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Accident or Suicide?

